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ABSTRACT

The National Center for Children in Poverty has recently conducted research on case management in service integration projects, with the core information coming from 16 projects around the country from many service domains. Six programs specifically target very young children living in poverty, and six provide services to very young children regardless of their family income. Aspects of the case management process were studied, from finding the clients through implementing developed service plans to eventual disengagement. While the core functions of case management were routine, the types and needs of clients were extremely varied. Most clients came to these projects through referrals from other human service agencies. Rather than the linear notion of case management promoted in research and the academic literature, most projects followed a rather circular path, suggesting the need for flexibility by case managers. Projects intended to serve the whole family frequently focused on one member. Findings also showed that case managers do more than provide access to and navigation around the human service system in that they provide ongoing support. A final conclusion is that the mutual dependence of some case managers and clients could become counterproductive if taken too far. (Contains one table and three figures.) (SLD)

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NATIONAL CENTER FOR CHILDREN IN POVERTY
Columbia University School of Public Health

RESOURCE BRIEF July 1995

Working with Clients: Case Management in Service Integration

Ellen L. Marks

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The NATIONAL CENTER FOR CHILDREN IN POVERTY (NCCP) was established in 1989 at the School of Public Health, Columbia University. Its mission is to strengthen programs and policies that enhance the health and development of children under six years old living in poverty.

The Center works within an interdisciplinary framework in the domains of child and family health, early childhood care and education, and family and community support. Center staff and associates use techniques such as demographic and policy analysis, field-based and evaluation research to generate policy-relevant knowledge about poor children and families. The Center then applies that knowledge to public and private programs and initiatives, and disseminates the results to policymakers and program designers and directors, especially at the state and local level. Given the magnitude and complexity of the issues associated with child poverty, the Center works to reinforce and complement the efforts of other institutions and concerned individuals seeking changes in the systems designed to address the needs of poor families and young children.

NCCP's publications program is funded largely through core grants from the Ford Foundation and the Carnegie Corporation of New York.

Ellen L. Marks, a consultant at NCCP, is a policy analyst and researcher. She has conducted many evaluations of programs for low-income families, with an emphasis on education and health services.

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Any Baby Can	San Antonio, Texas
Asian Perinatal Advocates	San Francisco, California
BayBright	West Springfield, Massachusetts
Blackfeet Tribe Head Start	Browning, Montana
Children's Case Management Organization	West Palm Beach, Florida
Dane County Parent Council	Madison, Wisconsin
Denver Family Opportunity	Denver, Colorado
Division of AIDS Services	New York, New York
Family Mosaic	San Francisco, California
Family Ties	Brooklyn, New York
Infant and Toddlers Program	Glen Burnie, Maryland
Kids in New Directions	Lapeer, Michigan
New Futures	Huntsville, Alabama
New Vistas	Santa Fe, New Mexico
Next Step	Elmira, New York
Youth Futures	Savannah, Georgia

Introduction

The concept of case management in human services systems is inherently appealing. People who need assistance may not know where to go or may not be able to obtain what they need. They get help from case managers, who assess their strengths and needs, and then identify and facilitate access to services. An underlying premise is that help is available for many unmet human needs, but the complexities and inadequacies of the human service system prevent many people from receiving services.

While the practice of case management has been around for decades, its spread to virtually every field of human services is new. Case managers work with many populations, among them children and adults who are mentally ill, substance abusers, the elderly, teenage parents, people with AIDS, low-income families, the homeless, developmentally delayed children, people with chronic illnesses, and those with disabilities. Current service integration projects—which attempt to coordinate services that are often fragmented and have complex entry points—often include case management as a key component.

To explore this approach to coordinating services, the National Center for Children in Poverty (NCCP) has recently conducted research on case management in service integration projects, with the core of the information coming from 16 projects around the country that fulfill several criteria:[1]

- The projects represent many service domains, ranging from family preservation to at-risk infants and toddlers, thus allowing an exploration of case management practices in different settings.
- To obtain services for clients, case managers in these projects cross organizational boundaries, rather than work within a single agency.
- The projects purport to serve the entire family unit, however defined, rather than a single individual.
- Preliminary information suggested that these projects have promising practices that could prove useful for policymakers, planners of service integration initiatives, and project administrators.

In addition to these criteria, the investigators paid particular attention to projects that serve children under six living in poverty—because of NCCP's mission and focus on this group. Of the 16 projects, all serve children and their families. Six specifically include very young children living in poverty in their target groups; another six provide services to very young children without regard to their families' income, although most of their clients live in poverty. To ensure confidentiality and anonymity, no information identifying specific projects is provided in this resource brief.

The findings of the research project appear in four resource briefs that together provide descriptions of current practices. This resource brief, *Working with Clients: Case Management in Service Integration*, describes the work that case managers do with clients, providing information on the way case managers and clients become connected, the functions of case managers, and types of clients. The others are *Who Are Case Managers and What Do They Do? Case Management in Service Integration*, which discusses the characteristics of case managers, including demographic attributes, tenure, work environment, caseload size, time allocations among tasks, and salaries; *Preparation, Staff Development, and Supervision of Case Managers*, which considers case managers' educational and work backgrounds, orientation and on-the-job training, and oversight of their work; and *Managing Case Managers: Case Management in Service Integration*, which reviews issues involved when multiple case managers serve a single family.[2]

While the practice of case management has been around for decades, its spread to virtually every field of human services is new.

Connecting Case Managers and Clients

Several steps take place at the beginning of a case manager-client relationship. The case manager's organization and potential clients learn of each other's existence and express interest in working together, an intake process is completed, and case managers are assigned to clients.

Learning Each Other Exists

Of the 16 case management projects in this study, 13 do not actively recruit potential clients. Instead, they receive referrals from individuals, community groups, and government agencies:

- A family preservation project may receive a referral from a judge who hopes that a family's participation will prevent the placement of an adjudicated juvenile outside the family home.
- An early intervention program may receive a referral from a nurse or physician who observes developmental delay in an infant.
- A program helping homeless women and their children may receive a referral from a shelter providing short-term housing.
- An initiative for multi-need families may receive a referral from a teacher or principal who sees a student coming to school hungry and inadequately dressed.
- A program designed to help welfare recipients obtain marketable skills and gainful employment may receive a referral from an intake worker reviewing an applicant's eligibility for public assistance.
- A project for emotionally disturbed youths may receive a referral from the local child welfare agency.

Staff members in these case management projects have worked diligently to let others in their communities know about services they provide, applying many different methods to spread the word. Some directors belong to citywide collaboratives; at monthly or quarterly meetings they inform organizations about the case managers' work and services. Many case managers volunteer at community organizations and share information in those settings. As case managers procure services for clients, other social service providers become familiar with the project's efforts. A few case management projects benefit from public service announcements and other forms of advertising. Many are listed in community resource guides, such as those issued by a local United Way chapter or other entity.

Three of the projects studied try to reach clients through direct contacts. Two that work with infants at risk of developmental delay, neglect, or other problems have offices in hospitals, and the case managers visit mothers soon after their babies are born. The third is a project whose case managers conduct home visits to the families of children enrolled in a local Head Start program.

In several places, potential new clients learn about the case management project from people who have already received services. Staff members report that these types of potential clients were particularly motivated since they were pleased by what they had learned from other participants and wanted to obtain the same help.

The Intake Process

The intake process is relatively simple in the case management projects visited. Usually, a director or staff member will take information over the telephone from the referring organization or the client. The information is basic, generally including the client's name, address, telephone number, and reason for contacting the project.

In all 16 sites, potential case management clients must meet eligibility requirements before they can receive services. This means that they must have certain characteristics that place them in special target populations. Examples of target populations include pregnant and parenting teenagers, residents of a specific inner-city neighborhood, Asian families with an at-risk newborn, and families with a member who has AIDS.

Potential case management clients must meet eligibility requirements before they can receive services.

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Case management projects usually impose other requirements when they rely on funds from federal or state governments. For example, the project for pregnant and parenting teenagers requires that either the parent or the child is eligible for Medicaid services. Projects funded exclusively by Part H of Public Law 99-457 (the Education of the Handicapped Act Amendments) to serve developmentally delayed or at-risk children will accept only those under age three. Projects supported by income from private sources do not, in general, have these sorts of requirements. Because so many referrals come from agencies and organizations that already have information about potential clients, the case management projects usually determine eligibility during the initial contact. Remaining questions are addressed during the assessment phase.

Assigning Clients to Case Managers

In assigning clients to case managers, supervisors first look at existing caseloads.[3] They attempt to ensure a fairly even distribution across case managers (with appropriate adjustments for part-time staff), believing that case managers can handle well only a certain number of clients and that numerical equity, to the extent possible, is important. For case management projects with staff in more than one place, the supervisors consider the geographic location of client and case manager. To minimize travel time, they try to group neighborhood residents in making assignments to case managers. After considering these factors, supervisors in half of the projects assign clients randomly to case managers.

For the other eight projects, which tend to have fewer case managers and clients, supervisors weigh various issues before making assignments. Two projects determine language compatibility between case manager and client; one considers demographic characteristics such as race, gender, and age. Sometimes supervisors try to balance clients' likely needs and case managers' skills. For example, a project serving at-risk infants and toddlers matches clients with specialties found among its case managers, namely some type of experience in child protective services or with medically fragile children or autistic children. At another study site, the supervisor reported, "[One case manager] has the most experience with children who have developmental disabilities, so she gets those. Another is particularly experienced with families that have lots of children. [A third case manager] is good at sniffing out when a client is not telling the truth about other agencies. [The fourth case manager] is quiet, on-task, and has the gift of going in and out of a family's life. When we accept a new client, I try to make a good match."

One project uses a team approach for case managers. The project has two teams, each with five members who have different work experiences and educational backgrounds. Each team member acts as a case manager for some families. The teams meet weekly and discuss each case manager's clients, which ensures that all five team members are familiar with—and offer advice about—each client assigned to someone on that team.

Regardless of the method used to assign clients to case managers, supervisors reassign clients if the relationship does not work out. A client's request for a different case manager is usually denied if it is an attempt to manipulate services from the case management project. Overall, changes are rare. Apparently, clients are either well-served or do not want to appear disgruntled.

photo by Nina Chaudry

Case manager and clients in West Springfield, Massachusetts

The Initial Meeting

The case managers interviewed universally agree that the tone set in the first meeting can strongly affect the relationship that develops between case managers and clients. They arrange the meetings in several ways. Some meet clients at project-sponsored orientation sessions; others get telephone numbers from referrals and call clients to introduce themselves and schedule appointments. Many case managers write letters to their clients as the first contact; some send out handwritten letters rather than typed ones, feeling that the personal approach is less threatening and appears friendlier. In addition to accommodating clients who do not have telephones, case managers who send letters believe this method is less intrusive and does not take the client by surprise.

Most initial face-to-face meetings take place in the client's home. Home visits, while immensely important and informative, can be troublesome in three ways. First, case managers in rural areas can spend hours traveling to and from clients' homes. Second, clients are not always home, even if an appointment has been scheduled, so case managers can lose time attempting to conduct home visits. Third, not all clients live in the most welcoming neighborhoods. One case manager observed, "It's dangerous out there. Sometimes it's hard to get through those doors." Nevertheless, most case managers strongly believe that seeing clients in their home environments helps their subsequent work because they gain significant information about family structure, living conditions, and relationships.

Some initial meetings take place in locations other than the home. Clients reluctant to have case managers enter their homes meet them in fast food restaurants, parks, and school buildings. Case managers with large caseloads often meet clients in their offices. Projects offering services for newborns or medically needy children often schedule the first meetings in hospitals.

Most case managers strongly believe that seeing clients in their home environments helps their subsequent work.

The initial meetings have some common components aimed at engaging the clients and establishing the basis for a successful relationship. Case managers take a low-key approach and stress that participation is voluntary. They explain the purposes of the project and describe the services that can be provided. Many use the opportunity to talk about themselves, sharing pertinent history such as previous employment, activities with similar clients, and personal experiences. Case managers spend substantial portions of the initial meeting listening to clients. They try to establish a pleasant tone, encouraging clients to discuss their situations, identify strengths and needs, and raise questions. In describing the style of the initial meeting, one case manager said, "I don't want them to be intimidated by me. I want them to be comfortable."

Determining Client Needs

Once the initial introductions have been made and clients choose to participate in the program, case managers identify the clients' needs. One said, "Initially, our role is as an emergency response team. We assess hemorrhaging and where to apply pressure." This process begins when a case management project first learns of a potential client, and it continues throughout the case manager-client relationship. Case managers at the study sites estimated that they spend about 10 percent of their time conducting needs assessments, which tend to target immediate problems and concerns rather than previous events and experiences that are typically part of psychosocial histories.

Case management projects conduct needs assessments in different ways, and the extent and formality of the process vary. Some include minimal information, such as number of people in the household, adequacy of living conditions, and educational and employment experiences. Others include these items and then move on to other areas such as health,

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transportation, medical insurance, nutrition, extent of social support systems, emotional health and well-being, legal concerns, recreation, receipt of social services, and income. Material for completing the assessment comes almost exclusively from the client; only rarely do case managers contact other agencies or organizations to obtain or confirm information.

Several projects require case managers to complete needs assessment forms within a given time frame, ranging from 48 hours to 30 days after the initial referral or inquiry. Even in projects with these schedules, case managers note that determining needs is an ongoing process. Families' needs are not static; work, health, housing, friendships, family composition, and school situations may change constantly, and the needs assessment has to be updated and modified. Moreover, clients are not always forthcoming in the early days of their relationships with case managers. One case manager said, "If you do the assessment too soon, they clam up." Others commented that it may take a long time, if ever, before clients reveal intimate details such as domestic violence, drug use, or involvement with the criminal justice system.

Most projects permit case managers to complete the needs assessment forms when and as they see fit. Many case managers use this freedom to avoid creating a relationship with heavy overtones of officialdom. They generally conduct the initial meeting without clipboards or notebooks in hand, preferring to converse casually with clients. They complete the paperwork only after they leave the client's home. Forms emerge as the relationship continues and trust develops. One project uses the first meeting for introductions and to obtain basic intake information, a second meeting to talk about client needs, and a third meeting to begin setting goals with the client—only then producing forms.

All projects in this study are family-focused and provide case management services to an individual's entire family. Interestingly, however, the needs assessment forms ask for extensive information about the individual client, generally paying scant attention to other family members. If other family members' needs are identified and incorporated into a service plan, they come into play only as they affect the individual of primary concern to the project. For example, a project for at-risk infants closely examines a child's medical, developmental, and nutritional status; the family's living situation may be largely ignored until the case manager learns that hot meals are not available because the family has no money to pay utility bills and the electricity has been turned off.

photo by Mimi Chakarova

Home visit in Madison, Wisconsin

Developing a Service Plan

After needs are identified, a case manager works with a client to develop a service plan that stipulates goals and the means to achieve them, such as completion of a training program or gainful employment.

The goals in most service plans are not surprising. Mothers recovering from drug use during pregnancy want their children to live with them in a home away from the environment that abetted substance abuse. Parents of at-risk newborns want medical assessments and early intervention to eliminate or ameliorate problems. Welfare-to-work clients want child care so they can attend education or training programs that will lead to good jobs. Homeless families want shelter and security so as not to face the prospect of becoming homeless again.

Case managers are quick to point out that clients' preferences are dominant. Case managers

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may help clients think about optimal objectives, perhaps suggesting and cajoling, but never insisting. Some note that the difficulties faced by their clients make it nearly impossible for them to engage in long-term planning. One said, "They're just trying to get from one day to the next. I try to help them think about what comes next, where they could be in another month or a year." Case managers also comment that they help some clients aspire to goals never before considered, such as college enrollment, and help others temper their expectations, such as reminding a high school dropout that many years of schooling are required to become a doctor.

In all cases, goals are written down. In several projects case managers present needs assessments and service plans at staff meetings, enabling colleagues to learn from the case managers' work and to offer ideas. Supervisors review all or a sample of service plans, both to learn about the client population and to check the work of case managers. In one project, a multidisciplinary team reviews service plans, drawing on the expertise of people from assorted backgrounds to ensure that the plan is well-considered, appropriate, and feasible.

Many projects establish a time frame for case managers, often in conjunction with their clients, to review accomplishments to date. Case managers see this requirement as an opportunity to revisit the service plan and adjust goals and objectives as necessary. In one project a case manager said, "We identify little steps that people take toward achieving their goals. You wouldn't believe how proud they are to put a check mark in that column that says 'done'."

After needs are identified, a case manager works with a client to develop a service plan that stipulates goals and the means to achieve them, such as completion of a training program or gainful employment.

Helping Clients Obtain Services

In the projects visited, case managers estimate that they spend 20 percent of their time working to obtain services that clients need. Examples demonstrate this process:

- In a project serving low-income families who reside in a particular district, a case manager conducted a needs assessment for a teenage mother who lives with her mother, her mother's boyfriend, and her grandmother. Together, the case manager and teenager listed the following activities in a service plan: placing the child in day care so the mother could return to school, enrolling the mother in a GED program, and improving family relationships. The case manager located day care programs in nearby homes, found a GED preparation program in the neighborhood, and met regularly with the teenager to discuss ongoing family concerns. Over time, the case manager learned that the mother's boyfriend was taking the grandmother's retirement checks, which severely limited the household's income and caused serious strain among family members. After meeting with the teenager's mother and securing her cooperation, the case manager contacted legal services and arranged for a lawyer to discuss options with the mother and teenager.
- In a project serving homeless women and their children, one family's needs included a permanent place to live, testing to determine whether a school-age child needed special education, and child support to be paid by an absentee father. The case manager called the local public housing authority, but learned of long waiting lists. Meanwhile, the client found a nice apartment and, with the case manager's help, arranged a housing subsidy. The case manager contacted the local school and discussed the child's possible learning disability. Through the courts she arranged for the father's paycheck to be garnished for child support payments.
- In a project that serves young children at risk of medical, psychosocial, or environmental problems, a potential client gave birth to premature twins who tested positive for cocaine addiction. The local child protective services agency took

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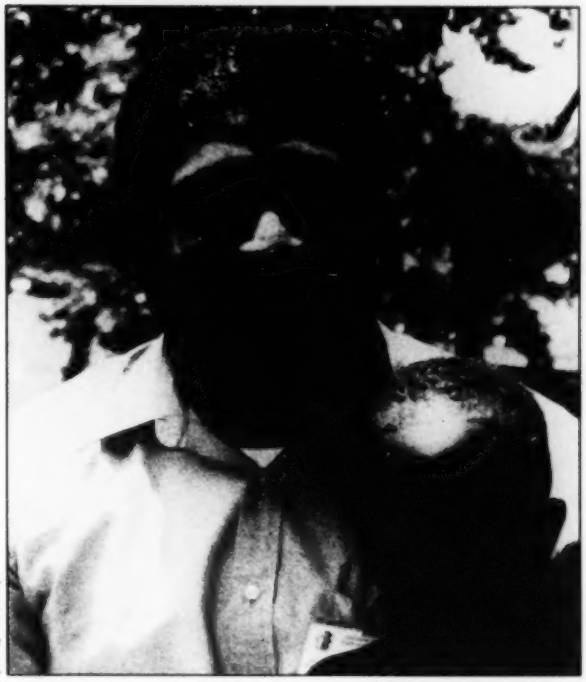

photo by Nina Chaudry

Savannah case manager visiting a child's home

the responsibility for the babies away from the woman, who has five other children up to age 20. A case manager persevered for months before the potential client would speak with her. Finally, the client began working with the case manager to deal with her substance abuse problem. The mother enrolled in a residential treatment program where she could see her babies daily. The case manager put her in touch with a local organization that, upon her release from rehabilitation, provided a rent subsidy and helped her finance a new van. The case manager worked through the process of getting the twins returned to the mother. Throughout, the case manager provided moral support as well as addressing specific needs.

Case managers must often put aside their own preferences for clients and pursue the clients' desires. A case manager said, "You get ready to [help them] do what they want, even though it may not always be what the doctor ordered." In practice, case managers face ethical and legal limitations on the work they do to help clients. They would not, for example, knowingly abet a substance abuser or lead any parent to falsify a job application.

Clients and case managers do not always agree on the importance of various activities. One case manager worked long hours with a teenage mother, helping the baby get regular medical check-ups, driving mother and child to appointments, procuring vouchers for formula and food, and educating the mother about child development. When asked what the case manager had done for her that was most important, the teenage mother replied, "She helped me get my teeth fixed," which had been a long-standing source of personal embarrassment.

Contacting Other Agencies

These examples show that case managers may contact many different types of agencies and organizations on behalf of clients. Case managers in the study estimated how frequently they contact the providers of services clients might need. Across projects, case managers most frequently contact health care providers, followed by schools, housing, and transportation. (See Table 1.)

Table 1. Rank order of case manager contact with other agencies*

Type of service	Average frequency	Most frequent	Least frequent
Health care	Weekly	2–4 times a week	Every 2 months or less often
School	2–3 times a month	2–4 times a week	Never
Housing	Monthly	Weekly	Every 2 months or less often
Transportation	Monthly	Daily	Never
Cash assistance	Monthly	2–4 times a week	Never
Food	Monthly	Weekly	Every 2 months or less often
Child care	Monthly	2–4 times a week	Never
Job training	Monthly	2–4 times a week	Never
Support groups	Monthly	2–3 times a month	Never
Job search	Monthly	2–3 times a month	Never
Substance abuse	Every 2 months or less often	Weekly	Never
Foster care	Every 2 months or less often	2–3 times a month	Never

**The order in which the services are listed is the average frequency with which case managers mentioned them. Weighted frequencies were rounded for presentation purposes.*

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The concept of obtaining services is simple: the case manager contacts agencies and organizations to help the client get whatever is needed, such as housing, employment, or medical services. The practice, however, is constrained because case managers have access only to existing services. They can rarely produce new services that are needed but are unavailable; instead, they must usually rely on those already available from public agencies and private organizations. (A few exceptions are discussed later.)

Case managers learn about services in their communities several ways. Many have worked previously in other agencies, and their knowledge and contacts benefit clients. They also become familiar with services as they participate in community collaborations. Case managers learn from each other, either informally as they exchange news, or formally during conferences that review specific clients. They use resource guides issued by local organizations. One project director described a staff member, responsible for cross-agency service coordination, as having a "golden rolodex" listing community service providers.

In addition to human service agencies, case managers are generally familiar with community groups and organizations that will respond to client needs, especially if the case managers request aid. In effect, the case manager acts as a screening agent who "certifies" that the stipulated need is genuine. One said, "I know that I can always count on [a particular church] to help out with $25 to get someone's utilities turned back on. I know that [a bakery] will always give me food for a family in need. I know that [a discount store] will give me diapers from boxes that were slightly damaged." Another said, "We know who to get to if someone is having problems getting food or medical care." A third said, "It helps that we are the ones calling for a client. It's like people trust us. If we decide the family needs something, they'll give it if they've got it."

Purchasing Goods and Services

Some case managers can purchase services for clients. About half of the 16 projects have relatively small amounts of discretionary funds available to help purchase an infant seat for a car, pay a utility company deposit, or buy medicine not covered by Medicaid or private insurance. Two other projects have fairly substantial funds to purchase goods and services. One, for at-risk children, has purchased food, diapers, medical equipment, and other items; cash is also available, within specified limits, for clients to buy goods and services. The second, for welfare-to-work clients, has funds for child care, transportation, tuition expenses, and uniforms. One project, a consortium among four city agencies, has developed a unique arrangement to obtain services. It has a master contract with three private organizations. If a client needs services not available through human service agencies, the project has funds to buy the services through the master contract. Services arranged in this manner include tutoring, mentoring, recreation, and specialized therapy.

Observations on Helping Clients Obtain Services

It is reasonable to ask why clients cannot obtain services themselves and must rely on case managers. Several factors come into play.

1. Clients may not know where to go to obtain services, particularly those provided by private groups.
2. Clients may have encountered institutional procedures or waiting lists that they felt unable or unprepared to handle.
3. Case managers may have the means or power to circumvent obstacles that clients encounter. They may have the knowledge or persuasive ability to move clients ahead on waiting lists, minimize paperwork burdens, or cut through bureaucratic requirements.
4. Many multi-need clients may have tried to access human services before, only to experience frustration or failure. This type of experience can dissuade them from trying again.
5. Clients in crisis often do not function well, and they may need a steadying, guiding hand to help them along.
6. Clients may lack a support system—such as often found among family, friends, or religious groups—to provide assistance. Case managers may be able to fill this gap.

Although case management projects may focus on a specific problem or area of need, case managers seem to procure the same types of services for clients,

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often with similar frequency. (See Figure 1.) Perhaps this should not be surprising. It suggests that people, regardless of the particular situation that leads to receipt of case management services, have similar needs that must be addressed.

Ongoing Case Manager-Client Relationships

In virtually all instances, once the initial set of services has been delivered, the case manager-client relationship does not end. Three activities continue: attempts to obtain additional services; direct service provision by case managers; and ongoing contact between case managers and clients.

Additional Services

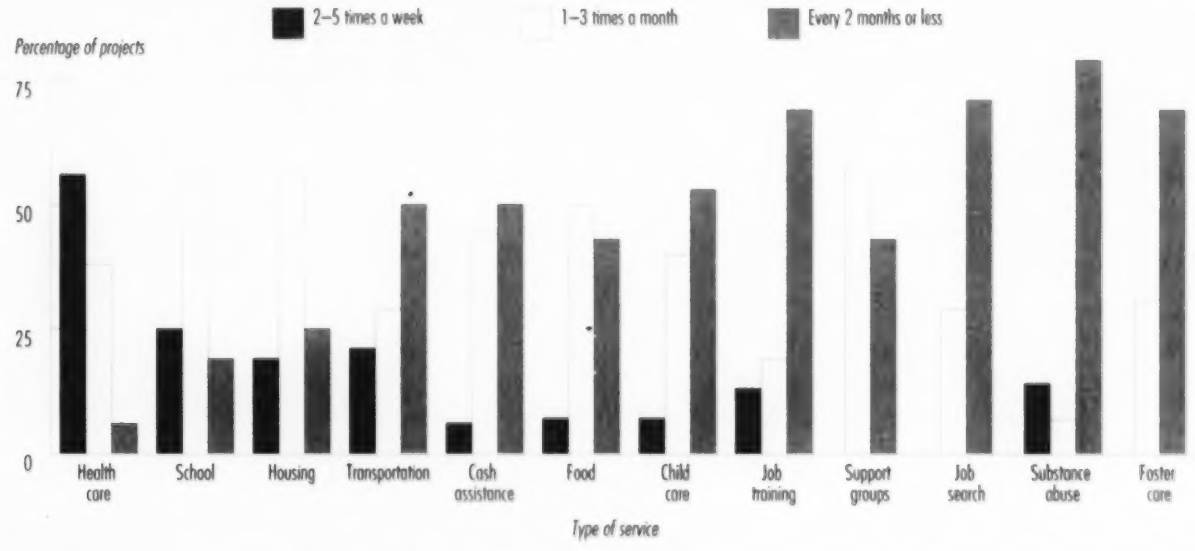
The needs identified in the service plan are rarely fully addressed or handled in such a way that the client has no further need of services. More typically, some needs are met, such as school enrollment, signing up for prenatal classes, or medical evaluations of newborns. Others remain, especially those in high demand or limited supply, such as adequate housing, gainful employment, and mental health counseling.

In virtually all instances, once the initial set of services has been delivered, the case manager-client relationship does not end. Several activities continue.

In these circumstances, the case manager generally stays involved, making regular contact with human service agencies and the client.

Even if all needs are addressed, a client's situation may change, necessitating continuing involvement. For example, a mother whose goals were to get a good place to live, find a satisfactory job, and have her children returned to the home may, over time, accomplish all of these—but she then might face acting-out behavior from the children, get laid off from work, and be drawn back into a personal relationship that had previously turned abusive. Client "success" is often fragile, and experienced case managers know that clients may continue to need their help.

Figure 1. Frequency of case manager contact with human service providers in 16 study sites



Direct Services

In many projects, case managers perform a counseling function or provide other direct services. Case managers spend, on average, 13 percent of their time on this activity. Few have formal training or credentials in counseling; instead, they offer their advice and opinions to clients who are struggling to cope with situations that can be extraordinarily difficult. Three projects serving at-risk infants and toddlers employ staff who work part-time as case managers. The case managers, most with graduate degrees in relevant fields, spend other portions of their time providing clients with direct services. These include speech and physical therapy, infant stimulation, and similar activities. In these projects, the case manager stays in contact with the family and client for case management purposes and direct service provision.

Continuing Contact

Apart from ensuring adequate services or providing direct services, most case managers remain involved with their clients. In projects with relatively small caseloads, a closeness often develops between case managers and clients. This study's research design does not permit the causality of the relationship to be determined; in other words, it might develop because small caseloads provide time for intimacy, or clients' needs may be the reason the project has small caseloads. Clients come to depend on case managers, not only as a resource to address human service needs, but also as friends, confidants, and allies. Clients made the following comments about their case managers:

- "She's like my right hand man. . . She went through every moment with me."
- "I share a lot with [the case manager]. She's not just my case worker, she's my best friend."
- "How many times have I called [the case manager] and said I needed to talk! We go to the back porch and cry."
- "She's like a friend. I talk to her about things unrelated to [the project]. She's neat, down to earth."
- "I know if I had a problem or needed something I could call [the case manager]."
- "[Case managers] hold you accountable for what you want for yourself. . . It's a battle between you and the system, and with a case manager it's a battle you fight together."

Clients come to depend on case managers, not only as a resource to address human service needs, but also as friends, confidants, and allies.

Case managers sometimes become, in practice, counselors for their clients, even if they have no training in the field. These case managers offer guidance and advice because they feel their experiences or insights can help clients, or because clients have no other constructive support from anywhere else, or because clients would feel abandoned otherwise. One client whose case manager has offered solace for over three years summarized the importance of her case manager, saying, "They keep trying to close my case. I keep giving them an excuse to keep it open."

Sometimes mutual dependency develops as case managers become deeply involved with clients, becoming friends or parental figures. One case manager said, "How can you be a case manager for three years and not be friends? I cannot be with a person for three years and not be friends. . . We become like a family after a while."

Several case managers (all of them male) acknowledged the need to keep some professional detachment from their clients. One said that he adheres to the philosophy of, "I'm not here to clean up your mess, but I will help you. I'll provide the towels." Another's approach reflected an underlying theory of case management, namely helping clients in such a way that they can eventually help themselves: "It's a fine line to walk between nurturing and enabling. It changes for each person and it changes all the time."

A third pointed out that case managers may, because of the nature of the work they do, intrude unnecessarily into clients' lives. He said, "I respect my client's privacy. . . You can make a nuisance out of yourself. . . I give them their distance." These comments suggest some of the problems that can arise if a client and case manager become too close.

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Consciously or not, projects devise methods so that case managers do not become too involved with clients. Case managers with large caseloads do not have substantial free time to become too familiar with many clients. Other projects use case conferences to check the case manager-client interaction.

One project has developed a philosophy regarding case manager-client relationships, reflected in the words of the founder: "The relationship is a partnership. We do not want to encourage co-dependency—we want clients to become independent within the system." Case managers echo this approach. One said, "I try not to do something for the clients that they can do for themselves." This project has a unique arrangement that appears to strike a good balance between the needs for professional distance and closeness. The project employs five case managers who perform traditional case management services. The project also has 35 senior citizen volunteers, known as "family friends," who provide clients with respite care and support.

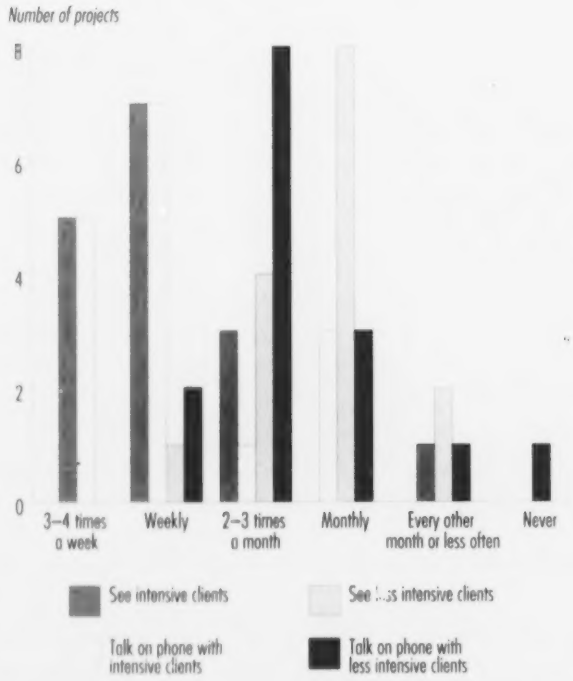
Intensive Versus Less Intensive Clients

Not all clients require the same amount of attention from case managers. Some case managers and clients are in almost daily contact with each other, while others may not talk to each other for months. Across the projects, case managers see more intensive clients weekly and also talk with them on the telephone weekly. For less intensive clients, case managers report seeing them monthly and talking with them two to three times a month. The variances in frequency of contact occur because of project requirements,[4] client needs, and case manager initiative. (See Figure 2.)

When asked about the characteristics that distinguish clients who need intensive attention from others, case managers identified the following:

- Recent entry into the project. Clients new to the case management project must learn about available services, participate in assessments, develop service plans, and establish relationships with both case managers and other service providers.
- Crisis situations. Clients who have been evicted or are near eviction, are victims of domestic violence, or have to face the judicial system, require intensive involvement with case managers. Clients may perceive an event as a crisis even though it might not be one when considered objectively. For example, a teenage mother who runs out of diapers may declare an emergency and request immediate help from a case manager.
- Multiple needs. Clients needing housing, employment, medical care, mental health counseling, drug rehabilitation, legal services, and transportation can require substantial time commitments from case managers.
- Limited-English speakers. Case managers who act as translators for clients often spend more time with them than with clients whose English abilities are sufficient.
- Lack of support systems. Clients without empathic family members or friends, or who do not belong to groups or organizations that can provide guidance or help (such as religious institutions), often rely on case managers to create a support system.

Figure 2. Frequency of contact between case managers and clients



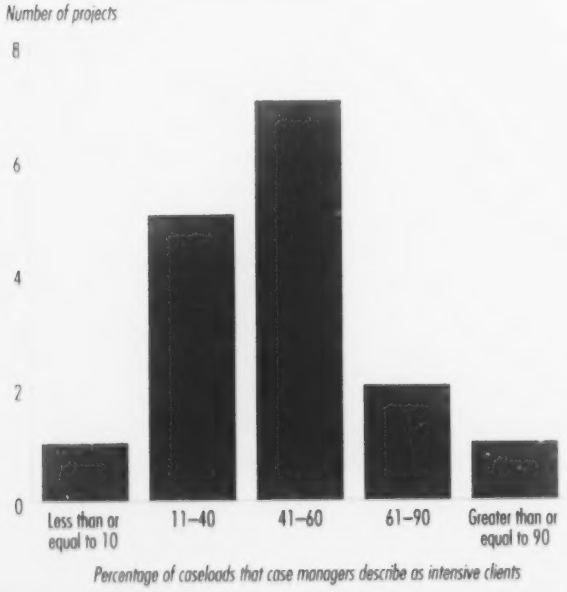
NOTE: The numbers for more intensive clients are based on 16 projects; the numbers for less intensive clients are based on 15 projects (one has no less intensive clients).

In a typical project, 43 percent of a case manager's clients receive intensive attention. This intensity varies across the projects from a low of less than 10 percent to a high of over 90 percent. (See Figure 3.) The extreme percentages are explainable: the lowest is from a project serving all families of low-income children enrolled in a Head Start program, and the highest is from a family preservation project where participants are, by definition, intensive clients. Discounting these two projects, most projects in the study identify a relatively comparable percentage of clients as "intensive." This suggests either that clients are carefully allocated among case managers, or that human limitations determine a maximum amount of attention case managers can give clients, or that similar percentages of high-need clients exist across target populations.

In describing the characteristics of clients who need more attention, case managers use common language across projects. Clients are often "shaky," emotionally insecure, and not moving through the service plans and meeting goals. Several case managers echoed the words of one who observed that intensive-need clients "don't know how to do things like buy books, find child care, and register for school." Another case manager, describing high-need clients said, "Every little thing will floor them. If the Housing Authority promised to replace the stove two months ago but hasn't, they'll be stumped. They'll call me and I must act as an advocate. The Housing Authority will run right over."

Clients who need less attention, on the other hand, "show more initiative," said a case manager, and "can just about do it for themselves," said another. They may need help developing and focusing goals, but once directed to service providers, they can generally fend for themselves with an occasional boost from their case managers. A couple of case managers reported that some less intensive clients are not that interested in participating in the project. They accept case management services to get agencies or individuals off their backs rather than as an earnest attempt to change their living situations.

Figure 3. Percentage of intensive clients in 16 study sites



Disengagement

At some point, case management for clients should cease. Under the best of circumstances, this occurs when clients have received all necessary services and are able to proceed on their own. Far more frequently, case management ends for other reasons, such as when clients move out of the jurisdiction or reach a certain age.

Closing Cases

Projects serving at-risk infants and toddlers tend to close cases when children reach the age of three. In several sites this approach reflects practices covered under Part H of Public Law 99-457, when the children presumably move into the public school system for further attention and services. In places without Part H funding, project staff believe it is still appropriate for these children to be transferred to the public school system. In two Head Start projects studied, cases ostensibly close when the children leave the program, but families can remain on the case management roster for two reasons. First, they often have other children in Head Start. Second, both of these projects are in rural areas where Head Start is a major employer, and parents hired by the program continue to have contact with case managers (although the relationship may change).

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photo by Nina Chaudry

Client and case manager in Huntsville, Alabama

Some projects have fairly rigid disengagement schedules. A family preservation project for adjudicated juveniles limits case management intervention to a four- to eight-week period. Potential participants are informed of this before they enter the project. A federally funded welfare-to-work project ends case management services when a client has been gainfully employed (that is, earning more than 185 percent of the poverty level) for 90 days, although case managers contact former clients regularly for one year to see how things are going.

Virtually every project has had clients who are (or become) uncooperative or unresponsive to interventions. Case managers alert these clients to impending case closure unless their behavior changes. Some notify the clients in writing, explicitly stating the consequences if cooperation is not forthcoming. Others try a softer approach, visiting the clients at home and emphasizing the benefits of participation. Even if case managers are unsuccessful in engaging these individuals, cases are rarely closed. Instead, they are labeled as "dormant" or "on maintenance," which signals the clients (and the project) that the clients may return in the future.

Not Closing Cases

Some projects have open-ended timetables for disengagement. One, working with teenage parents, tends to keep clients until the age of 21 even if clients demonstrate little need for services. In this project, case managers and clients rarely disengage. Staff justify this approach by arguing that teenage parents could need constant guidance and help. Without such support, they say, the teenagers' young children could suffer.

As discussed earlier, some case managers and some clients have trouble separating. Many case managers expressed an unwillingness to disengage, particularly if they feel more could or should be done for clients. Several mentioned the closeness that evolves during the case manager-client relationship and the difficulties they face by leaving clients who have become friends. Clients may have even stronger desires to avoid closure. When one client asked if she saw a time when the case manager would not be part of her life, she said, "I'm always going to need her, even when I get on my feet." When asked why, she said, "Because I love her. She's my friend."

In these circumstances, case conferences and supervision may help overcome resistance to disengagement. Methods to maintain some distance, built in from the start of the case manager-client relationship, may help avoid disengagement difficulties. Practically speaking, however, case management projects do not always have incentives to close cases, especially if the program reaps financial or public relations rewards for the number of enrollees.

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The Disengagement Process

Case managers do not abruptly end relationships with clients. For clients whose cases are nearing closure, case managers spread the separation over weeks or months as they work to make sure clients are as prepared as possible to be separated from the project. In projects serving at-risk infants and toddlers, case managers work with families to smooth the transition to public school. They hold a conference with the parents and the child, review accomplishments, set forth likely scenarios for future services, and inform parents about the types of assistance they can expect. Similarly, in the Head Start projects, case managers generally conduct an exit interview, during which they re-examine past milestones, identify remaining unmet needs, and provide contact information in case clients need further help from either the project or other service providers.

Case managers in other projects follow similar procedures, which were described in one project as akin to discharge planning. They work with clients to make sure services are sufficient, family situations are sound, and people know where to turn for subsequent help or information. Several projects have clients develop a final plan that includes goals and objectives to be pursued after case management ceases. One project has formal procedures for ending case management services. Case managers, their supervisor, and the project's clinical director review and reauthorize service plans and activities for all clients every three months. As clients stabilize, services are in place, and the case manager is no longer essential, discussions begin about disengagement.

In all projects, even those with fixed time frames and disengagement policies, case managers emphasize that they remain available to clients. Many encourage clients to call or stop by, especially when they have good news to share or need encouragement. This reflects the closeness that often develops between case managers and clients and demonstrates the human kindness that motivates many case managers.

photo by Ellen Marks

Case manager and clients at the Elmira, New York, study site

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Conclusions

Working with clients poses many challenges for case managers. While the core functions of case management are routine, the types and needs of clients are ever-changing. Moreover, case managers may face any number of frustrating or daunting situations as they encounter an absence of critically needed services, overwhelming needs of families, recalcitrant clients, or the constraints of human service system procedures and resources.

Much of this resource brief has covered familiar ground in the world of case management, providing additional detail about the case manager-client relationship. Five findings were not anticipated. First, most clients come to these case management projects through referrals from other human service agencies. This means that the clients are already known to other agencies and are presumably receiving some services. Yet, case management has been touted as a mechanism to aid those needy people unable to access services. Clearly, these referred clients have negotiated the system sufficiently to get at least partial access. One conclusion from this finding is that the "problem" of access lies not with clients, but with agencies. Future research on the topic could include an experiment comparing clients served by case managers with those receiving services from agencies with reformed access procedures.

Second, unlike the linear notion of case management promoted in research and academic literature —where case managers conduct a series of consecutive activities—the projects visited follow a rather circular path for case management. A needs assessment may extend over several years as a case manager and client explore services. A service plan may be updated often as circumstances change, and high-demand, low-availability services may be secured only over a long period of time. Disengagement may be initiated, only to be halted by the actions of a case manager or client. This finding suggests that, to accommodate reality, case management projects must be flexible. For example, timetables for completing key activities may be useful guidelines, but if they become rigid mandates, projects risk partial information-gathering or insufficient access to services.

Third, projects that claim to serve the whole family mainly focus on one individual. In general, family concerns are reviewed only when they affect the individual whose needs or circumstances led to involvement with the case management project. This uncertainty about who the client is may have some serious ramifications. Most importantly, the individual focus goes against the grain of current beliefs in human services that recognize the importance of the environment—including the family unit—in affecting an individual's situation and ability to progress. For a multi-need family, this individual focus also increases the likelihood that more than one case manager will work with that family.[5]

Fourth, this study shows that case managers do more than provide access to and navigation around the human service system. They also apply authority and persuasiveness to obtain services for clients who could not, in all likelihood, secure the same ones or with the same speed. In addition, case managers are there to provide something more than mere access to the system. Access is essential, but if clients are not adequately served and fall out of the system, access alone can be worthless. Case managers, through their follow-up responsibilities, can provide ongoing support and help clients try again.

Fifth, the mutual dependency of some case managers and clients can, if taken too far, become counterproductive. The camaraderie that results between case manager and client can replace the lack of supportive, nonjudgmental friends in the client's life. However, it raises an important question. Do case managers act appropriately in establishing or fostering these relationships? Clearly, a degree of intimacy may be needed to engage the client, assess needs thoroughly, and secure essential services. The issue is how, or whether, to balance that intimacy with professional distance in the case manager-client relationship.

Case managers do more than provide access to and navigation around the human service system.

References

1. A fuller discussion of research methods begins in the next column.
2. Information about ordering the resource briefs appears on the back cover.
3. The resource brief *Who Are Case Managers and What Do They Do? Case Management in Service Integration* has detailed information about caseload size. See the back cover.
4. Nearly half the projects studied have no mandated schedule for case managers to contact clients. The others have contact requirements ranging from 10 hours a week in an intensive family preservation program, to twice a year in a Head Start program.
5. This issue is discussed in another resource brief, *Managing Case Managers: Case Management in Service Integration*. See the back cover.

Research Methods

The National Center for Children in Poverty (NCCP) conducted this study of case management as part of its work in the domain of family and community support. The research is descriptive, not evaluative. Given the state of knowledge about case management—especially its recent expansion into a broad array of human services—the investigators concluded that basic information was lacking, such as who are case managers, what do they do, and how do they do it? The case management research project's findings on these questions can contribute to advancing research on the subject. Before studies can shed light on outcomes from case management initiatives, researchers must have a clearer understanding of case management practices and operations.

Criteria for Case Management

To conduct this research on case management in service integration, the research team began with a comprehensive literature review. From this, we developed a concept of case management that has four central components. The components serve as threshold criteria that must be met for an initiative to be considered as one involving case management. First, a case manager must perform the core functions of case management, namely assessment, plan development, identification and access of services, and monitoring. Second, some person or persons must routinely perform the functions of case management. Third, the case manager must work across organizational boundaries, not just within his or her parent agency. Fourth, case management services must be developed in consideration of the client's entire family. These components, along with a more detailed explanation of the research design and questions, are more fully described in a concept paper issued in 1994. (See back cover.)

Site Selection

The bulk of this research derives from original data collection through site visits to 16 projects around the United States. To choose projects for in-depth study, the research team searched some 600 project files that are part of the Information Clearinghouse

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of the National Center for Service Integration.* The files contain materials describing service integration initiatives that serve children, youth, and families. We then selected projects that appeared to meet the four components of our case management concept. NCCP's program focus is on children under six, so we paid careful attention to projects that serve this population. About 110 projects were identified, which we then sorted according to target population, geographic location, size, and funding source. We selected the 16 projects to reflect diversity rather than similarity.

Data Collection

Between one and three research team members spent up to four days at each case management project. Before each site visit, we reviewed all available written materials about the project. During the site visit, we interviewed case managers,** supervisors, a director, and other individuals, such as board members and budget personnel; we also collected documents, such as intake and assessment forms, evaluations, resource guides, annual reports, and budgets. Whenever possible, we accompanied case managers on home visits so we could meet with clients.

Most of the interviews were semi-structured to collect process information about the operations of case management. Several series of questions dealing with case manager characteristics, caseloads, and contact with other agencies were structured and closed-ended. Site visitors incorporated all data and information onto a site reporting form.***

In total, we interviewed 121 case managers, 36 supervisors and directors, 14 other staff, and 27 clients. Several project staff members fulfill dual functions, such as acting as both case manager and supervisor. We estimate that we have data on over 95 percent of all staff employed at the 16 projects.

Data Analysis and Terminology

A first round of analysis involved site investigators combining and synthesizing information to complete the questions in the site reporting form. Site visitors reviewed each other's answers to check inter-coder reliability. A subsequent analysis took place as we compared data from the reporting forms across sites. In conducting the analyses, we paid special attention to similarities and inconsistencies. Similarities suggest that a practice or phenomenon is common; inconsistencies imply differences in procedures, client population, or environmental conditions.

We coded quantitative data from case managers, analyzed the information, and present the results as numerical findings. Responses from part-time project staff were weighted to ensure equivalency. Unless otherwise noted, all data reported in the resource brief refer to the projects studied. In other words, for a given variable and a given site, we aggregated data and produced an average according to the number of responses. We then treated each project equally to determine numerical findings. Because the data are not from representative or randomly selected sites, we present only frequencies or percentages.

The 16 sites refer to case managers by many different names, such as "family outreach workers," "home visitors," "family advocates," and "service coordinators." Also, several different names refer to the at-risk people with whom they work. For simplicity and uniformity, we have used the terms "case manager" and "client."

* This clearinghouse, formerly at the National Center for Children in Poverty, is now at the National Center for Service Integration, c/o Child and Family Policy Center, 218 Sixth Avenue., Suite 1021, Des Moines, IA 50309. Tel: (515) 280-9027. Fax: (515) 243-5941.

** One project does not employ most case managers over the summer, which was when the site visit occurred. For these case managers, we created a mail survey derived from questions asked during site visits.

*** Copies of the site reporting form are available in the NCCP library.

Other Case Management Publications Available from NCCP

The National Center for Children in Poverty (NCCP) has issued several publications that draw on this research project. In addition to this resource brief, three others are available (at $5.00 each or $15 for all four):

- *Who Are Case Managers and What Do They Do? Case Management in Service Integration* by Ellen L. Marks
- *Preparation, Staff Development, and Supervision of Case Managers* by Carolyn Marzke
- *Managing Case Managers: Case Management in Service Integration* by Ellen L. Marks

Two additional publications offer more general information about case management:

- *Case Management in Service Integration: An Annotated Bibliography* by Ellen L. Marks, Karen E. Maurer, and Linda S. Simkin ($6.00)
- *Case Management in Service Integration: A Concept Paper* by Ellen L. Marks ($8.00)

Information about ordering these documents prepaid (postage/handling costs included), or about other NCCP publications, can be obtained by writing, telephoning, or faxing NCCP, or through e-mail: 154 Haven Avenue, New York, NY 10032; tel: (212) 927-8793; fax: (212) 927-9162; e-mail: ejs22@columbia.edu. Include name, organization, address, telephone, and fax in all requests, including e-mail. Also, NCCP's triannual newsletter, *News and Issues*, as well as other information about the Center, may be accessed on the Internet: http://cpmcnet.columbia.edu/dept/nccp/

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